Who Pays for What? -
Aspects of the Maternity Pathway
Payment for the Screening and
Immunisations Programmes

Guidance for Providers and
Commissioners 2015
## Cross Reference

## Superseded Docs (if applicable)

## Action Required
For Information

## Timing / Deadlines (if applicable)
NA

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Who Pays for What?

Aspects of the Maternity Pathway Payment for the Screening and Immunisations Programmes, Guidance for Providers and Commissioners 2015

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The National Health Service Commissioning Board was established on 1 October 2012 as an executive non-departmental public body. Since 1 April 2013, the National Health Service Commissioning Board has used the name NHS England for operational purposes.
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1 Background

The majority of antenatal and new-born screening will be paid for as part of the Maternity Pathway Payment (MPP). The most up to date guidance on MPP can be found at www.monitor.gov.uk/NT.

There were a number of elements of the screening and immunisation programmes where the version 1 Public Health Section 7a guidance (January 2014) on ‘Who Pays for What’ did not provide a national view on whether or not certain elements were included in the Maternity Pathway Payment, and commissioners were asked to come to a local arrangement. This document is intended to provide clarification of these elements of the screening and immunisation programmes and which commissioner – NHS England or clinical commissioning group (CCG), and which NHS England funding stream is responsible for payment of the activity.

NHS England and CCGs should always work closely together to ensure that any change to the funding arrangements does not cause any adverse implications, and any issues are dealt with in a timely way to ensure patients are supported and have full access to services.

In particular organisations should take into account the duties placed on them under the Equality Act 2010 and with regard to reducing health inequalities, duties under the Health and Social Care Act 2012. Service design and communications should be appropriate and accessible to meet the needs of diverse communities.

2 Principles for who pays for what

The table and flow charts in Appendix 1 and 2 summarise the roles and responsibilities of the different organisations involved in the MPP, supported by the following principles:

- If the activity is described as part of the screening pathway in the National Service Specification as part of the Section 7A agreement BUT is not included in the Maternity Pathway Payment, then NHS England should pay for the activity through a separate contract with the provider.

- If the activity is described as part of the diagnostic and referral pathway in the National Service Specification BUT is not included in the Maternity Pathway Payment AND it is NOT covered by the Prescribed Specialised Services Manual¹, then the CCG should pay for the activity.

- If the activity is described as part of the diagnostic and referral pathway in the National Service Specification BUT is not included in the Maternity Pathway Payment AND it is covered by the Prescribed Specialised Services Manual, then NHS England should pay for it from the Specialised Services budget.

- NHS England is the responsible commissioner for the Antenatal and New-born Screening Pathway to the point of referral, regardless of whether or not it is paid for through the Maternity Pathway Payment.

- There are a small number of areas where the activity can be classified as either screening or diagnostic/treatment according to the context in which the test is being carried out e.g. counselling services for sickle cell and thalassemia. In these circumstances a pragmatic approach should be taken by commissioners and an agreed split of activity between NHS England and CCGs should be reached. This will need to be agreed locally as each provider will have a different profile of referrals.
## Appendix 1: Table Summarising Roles and Responsibilities

<table>
<thead>
<tr>
<th>Screening Programme</th>
<th>Included within MPP</th>
<th>NOT included within MPP</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Infectious Disease Screening</strong></td>
<td><strong>Antenatal Infectious Disease</strong> screening laboratory costs</td>
<td><strong>Confirmatory reference laboratory</strong> costs paid by NHS England local team screening &amp; immunisation public health budget</td>
</tr>
<tr>
<td></td>
<td><strong>Neonatal Hepatitis B vaccine</strong>: The first dose of Hepatitis B (and immunoglobulin where indicated) for the baby in hospital is included in MPP.</td>
<td><strong>Outpatient appointments</strong> (e.g. Hepatology, Genito-Urinary Medicine) paid for via other CCG Commissioning routes</td>
</tr>
<tr>
<td></td>
<td><strong>Post-natal MMR</strong> for rubella susceptible women: first dose for the mother is included in MPP. Blood group and antibody testing included in MPP.</td>
<td><strong>Neonatal Hepatitis B vaccine</strong>: second, third and fourth doses should be part of the public health section 7a budget</td>
</tr>
<tr>
<td><strong>Fetal Anomaly Screening</strong></td>
<td><strong>Down’s syndrome biochemistry screening laboratory</strong> costs</td>
<td><strong>Post-natal MMR</strong> for rubella susceptible women: Second dose by GP as part of Global Sum</td>
</tr>
<tr>
<td></td>
<td>First <strong>out-patient referral</strong> appointment if to Obstetrician/Paediatrician</td>
<td></td>
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<tr>
<td></td>
<td><strong>Prenatal diagnosis (PND) procedure</strong>: undertaking the Chorionic Villus Sampling (CVS)/Amniocentesis test</td>
<td></td>
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<tr>
<td></td>
<td><strong>Ultrasound scans</strong>: for pregnancy dating and assessment as part of the screening test (i.e. Nuchal Translucency) and the Fetal Anomaly 18-20+6 weeks scan are included in MPP</td>
<td></td>
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<tr>
<td>Screening Programme</td>
<td>Included within MPP</td>
<td>NOT included within MPP</td>
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<tr>
<td></td>
<td>First <strong>out-patient referral</strong> appointment if to Obstetrician/Paediatrician</td>
<td>Specialised Commissioning budget</td>
</tr>
<tr>
<td></td>
<td>First <strong>out-patient referral</strong> appointment if to Fetal Medicine</td>
<td>First <strong>out-patient referral to geneticist</strong> is paid for via other CCG Commissioning routes</td>
</tr>
<tr>
<td>Sickle Cell and Thalassemia Screening</td>
<td>Antenatal Sickle Cell and Thalassaemia <strong>screening laboratory</strong> costs</td>
<td><strong>Confirmatory antenatal laboratory</strong> costs paid by NHS England local team screening &amp; immunisation public health budget</td>
</tr>
<tr>
<td></td>
<td><strong>Prenatal diagnosis (PND) procedure:</strong> undertaking the Chorionic Villus Sampling (CVS)/Amniocentesis test</td>
<td><strong>Prenatal diagnosis (PND) laboratory genetic testing:</strong> laboratory testing of the sample following amniocentesis and chorionic villus sampling (CVS) is part of the NHS England Specialised Commissioning budget</td>
</tr>
<tr>
<td></td>
<td></td>
<td><strong>Specialist Counselling</strong> services for sickle cell &amp; thalassemia: costs should be split between NHS England local team public health</td>
</tr>
<tr>
<td>Screening Programme</td>
<td>Included within MPP</td>
<td>NOT included within MPP</td>
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<tr>
<td>First out-patient referral appointment if to Obstetrician/Paediatrician</td>
<td><strong>First out-patient referral</strong> appointment if to Obstetrician/Paediatrician</td>
<td>section 7a budget and CCGs. Split to be agreed locally depending on use of service.</td>
</tr>
<tr>
<td></td>
<td><strong>Termination of Pregnancy</strong> (TOP) is paid for via other CCG Commissioning routes.</td>
<td></td>
</tr>
<tr>
<td>New-born Infant Physical Examination</td>
<td><strong>72 hour examination</strong> is part of the postnatal pathway</td>
<td>First <strong>ultrasound of hip</strong>: paid for via other CCG Commissioning routes.</td>
</tr>
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<tr>
<td>New-born Hearing Screening</td>
<td><strong>Screening tests</strong> are part of postnatal pathway:</td>
<td>All other first <strong>diagnostic/treatment out-patient referrals</strong> are paid for via other CCG Commissioning routes</td>
</tr>
<tr>
<td></td>
<td>o Automated Otoacoustic Emissions (AOAE)</td>
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<td></td>
<td>o Automated Auditory Brainstem Response (AABR)</td>
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<td></td>
<td><strong>6-8 week examination</strong>: Paid by NHS E as part of GP contract</td>
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<td></td>
<td></td>
<td><strong>Audiological diagnostic assessment</strong> tests including:</td>
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<tr>
<td></td>
<td></td>
<td>o Otoacoustic Emissions (OAE)</td>
</tr>
<tr>
<td>Screening Programme</td>
<td>Included within MPP</td>
<td>NOT included within MPP</td>
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<tr>
<td></td>
<td><strong>Screening equipment</strong> <em>(including maintenance and repair) and consumables</em></td>
<td>and/or</td>
</tr>
<tr>
<td></td>
<td>Screening in NICU/SCBU</td>
<td>o  <strong>Auditory Brainstem Response</strong> <em>(ABR)</em></td>
</tr>
<tr>
<td>New-born Bloodspot Screening</td>
<td><strong>Taking the sample</strong> and <strong>sending</strong> to screening laboratory is part of the postnatal pathway</td>
<td><strong>Newborn Bloodspot screening laboratories</strong>: paid for by NHS England public health section 7a budget</td>
</tr>
<tr>
<td></td>
<td></td>
<td><strong>Confirmatory Testing</strong> <em>(Reference laboratory diagnostic testing of positive samples)</em>: paid for by NHS England Specialised Commissioning budget</td>
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<td></td>
<td></td>
<td><strong>First referral to clinician</strong> <em>(registered in the designated clinical network (e.g. first appointment in the Specialist Haemoglobinopathy clinic)) paid for by NHS England Specialised Commissioning budget</em></td>
</tr>
<tr>
<td></td>
<td></td>
<td><strong>DNA testing for transfused babies</strong> to be paid by NHS England Specialised Commissioning budget</td>
</tr>
<tr>
<td>Neonatal Intensive Care</td>
<td>The <strong>immunisations</strong> programmes offered to all babies</td>
<td></td>
</tr>
<tr>
<td>Screening Programme</td>
<td>Included within MPP</td>
<td>NOT included within MPP</td>
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</tr>
<tr>
<td><strong>Unit (NICU)</strong></td>
<td><strong>Newborn screening</strong> - per diem payment by CCGs irrespective of where the baby is cared for</td>
<td></td>
</tr>
<tr>
<td></td>
<td><strong>Immunisations and screening</strong> within the public health section 7a agreement should be provided as part of care for babies that are still in NICU if they reach eligible age as stated within the public health national service frameworks.</td>
<td></td>
</tr>
<tr>
<td><strong>Immunisation in Neonates</strong></td>
<td><strong>BCG immunisation</strong>: eligible babies born in trust</td>
<td><strong>BCG immunisation</strong>: Babies that move into the area that are less than 1 year are paid for by NHS England local team public health section 7a budget</td>
</tr>
<tr>
<td></td>
<td><strong>Neonatal Hepatitis B vaccine</strong>: The first dose of Hepatitis B (and immunoglobulin where indicated) for the baby in hospital is included in MPP.</td>
<td><strong>Neonatal Hepatitis B vaccine</strong>: second, third and fourth doses should be part of the public health section 7a budget</td>
</tr>
<tr>
<td></td>
<td></td>
<td><strong>RSV</strong>: The cost of vaccine and cost of delivery is included in Specialised Commissioning</td>
</tr>
</tbody>
</table>
Appendix 2: Flow Diagrams for the Screening Care Pathways

Infectious Diseases in Pregnancy Pathway for MPP

NHS Infectious Diseases in Pregnancy Screening Programme

The NHS Infectious Diseases in Pregnancy Screening Programme advocates that all eligible pregnant women are offered and recommended screening for hepatitis B, HIV, Syphilis and susceptibility to rubella infection.

Programme objectives:
• to ensure that women with hepatitis B, HIV and Syphilis are identified early in pregnancy to facilitate appropriate assessment and management for their health
• to reduce the risk of mother-to-child transmission of these conditions
• to facilitate appropriate neonatal referral and management
• to identify women who are susceptible to rubella, for whom postnatal MMR vaccination could protect future pregnancies
Fetal Anomaly Screening Programme (FASP) Pathway for MPP

NHS Fetal Anomaly Screening Programme

The NHS Fetal Anomaly Screening Programme (FASP) offers screening to all pregnant women in England to assess the risk of the baby being born with Down’s, Edwards’ and Patau’s syndrome or a number of fetal anomalies (structural abnormalities with how the fetus has developed).

FASP aims to ensure that there is equal access to uniform and quality-assured screening across England and that women are provided with high quality information so they can make an informed choice about their screening options and pregnancy.

• The current policy is to offer screening to eligible pregnant women to assess the risk of the baby being born with Down’s (T21), Edwards’ (T18)/Patau’s (T13) syndromes

• The UK NSC recommends that the combined test is used between 10 weeks 0 days and 14 weeks 1 day and the quadruple test is recommended to screen for Down’s syndrome only between 14 weeks 2 days and 20 weeks and 0 days

• The recommended screen for Edwards’ and Patau’s syndromes in the second trimester is the fetal anomaly scan at 18⁰⁰ to 20⁰⁶ weeks
Down's, Edwards'/Patau's syndromes Screening offered to eligible women

Screening accepted, Sample taken and scan performed → Screening declined → Follow up at delivery

Sample sent to laboratory

Low Risk → Follow up at delivery
High risk → Woman counselled and offered diagnostic testing

If accepted PND sample taken and sent to laboratory

Result Normal → Woman given results and follow up at delivery
Sample tested
Result abnormal → Woman given results and discussion re options
Woman offered referral to specialist services → Woman opts for TOP

Referral to specialist services eg Genetic services → Woman continues with pregnancy followed up as per local protocol

KEY
Included in MPP
Not included in MPP
NHS Fetal Anomaly Screening Programme

The NHS Fetal Anomaly Screening Programme (FASP) offers screening to all pregnant women in England to assess the risk of the baby being born with Down’s, Edwards’ and Patau’s syndrome or a number of fetal anomalies (structural abnormalities with how the fetus has developed).

FASP aims to ensure that there is equal access to uniform and quality-assured screening across England and that women are provided with high quality information so they can make an informed choice about their screening options and pregnancy.

All Trusts must ensure that they provide a dating scan, and 18+0 to 20+6 weeks fetal anomaly ultrasound scan, in line with NICE and UK National Screening Committee recommendations

• The first scan measures the Nuchal translucency (NT) in the first trimester of pregnancy if screening is accepted for Down’s and/or Edwards'/Patau’s syndrome. The measurement is used to calculate the risk of the pregnancy being affected by one of these syndromes. An increased NT is associated with an increased risk of all of these autosomal trisomy's as well as other fetal anomalies such as cardiac defects. Where a nuchal translucency measurement ≥ 3.5 mm is recorded, a blood sample should be taken but referral should not be delayed to await biochemistry information and results should be forwarded to the clinician as soon as they are available to support discussion of further investigative options with the woman.

• The second scan is designed to identify abnormalities that are life limiting, as well as conditions such as serious heart problems that may benefit from treatment. Some women may choose not to be screened at all, or only for certain conditions and it is important that this choice is respected.
16+0 to 20+6 week fetal anomaly scan
Screening offered to eligible women

- Screening accepted
  - 16+0 to 20+6 fetal anomaly scan performed
    - No Anomaly Suspected
      - Follow up at delivery
    - Anomaly suspected
      - Anomaly confirmed
        - Woman counselled and discussed re options
        - Woman offered referral to specialist services
          - Woman opts for TOP
          - Referral to specialist services e.g. Genetics
            - Women continues with pregnancy followed up as per local protocol

- Screening declined
  - Follow up at delivery
Newborn Physical Examination Screening Programme

The newborn physical examination screening pathway has four screening elements. The examination is carried out by a suitably qualified practitioner.

Further diagnostic tests are undertaken on babies with suspected abnormalities and/or risk factors. These are out with the screening pathway and therefore out with the maternity pathway payment.

**6-8 week physical examination:** out with MPP - paid for via other CCG Commissioning routes.

### Screening Tests – Newborn Physical Examination:

**Hips**
- Screen negative with no risk factors: no further action required
- Screen positive (with or without risk factors) or screen negative with risk factors – referred for investigations and/or refer for expert opinion within national recommended timescales:
  - Screen positive (with or without risk factors): within 2 weeks
  - Screen negative with risk factors: within 6 weeks

**Eyes**
- Screen negative - no further action required
- Screen positive – refer for expert opinion

**Heart**
- Screen negative - no further action required
- Screen positive screen refer for expert opinion

**Testes**
- Screen negative - no further action required
- Bilateral undescended testes referral to senior Paediatrician
- Unilateral undescended testis - GP to re-examine at 6-8 week check.
Newborn Physical Examination Screening

Consent for screening?

Yes

Newborn Physical Examination

Examination of the Hips

- Abnormality suspected
  - Risk factors present
  - Ultrasound scan & refer for expert opinion in line with relevant national timescales
  - No risk factors present
  - Discharge

- No abnormality suspected

Examination of the Eyes

- Abnormality suspected
  - Refer for expert opinion

- No abnormality suspected
  - Discharge

Examination of the Heart

- Symptomatic and/or cardiac signs present
  - Review by senior paediatrician and/or refer for expert opinion

- No abnormality suspected
  - Discharge

Examination of the Testes

- Bilateral undescended testes suspected
  - Refer for expert opinion

- Unilateral undescended testis suspected
  - Review by GP at 6-8 week physical examination

- No abnormality suspected
  - Discharge

No

Discharge

Reoffer as required

Key:

- Included in MPP
- Not included in MPP

Abnormality suspected

Risk factors present

No risk factors present
Newborn Hearing screening Programme

A multi-stage screening protocol is used.

There are two versions of the protocol:

- ‘NICU/SCBU protocol’ – for babies who have been in a neonatal intensive care unit (NICU) or special care baby unit (SCBU) for more than 48 hours continuously
- ‘Well Baby protocol’ - for all other babies

The screening protocol has two types of test, carried out by the newborn hearing screener. These are ‘Automated’ tests.

Further diagnostic tests are undertaken on referred babies as part of the initial audiology assessment appointment.

Tests carried out at screening for well-babies:

- **automated oto-acoustic emission (AOAE1)** – if a clear response is obtained in both ears the baby is discharged* from the screening programme. Otherwise:
  - **automated oto-acoustic emission is repeated (AOAE2)** - if a clear response is obtained in both ears the baby is discharged* from the screening programme. Otherwise
  - **automated auditory brainstem response (AABR)** – if a clear response is obtained in both ears the baby is discharged* from the screening programme. Otherwise the baby is referred to audiology for further testing

Tests performed at screening for NICU/SCBU babies:

- **automated oto-acoustic emission (AOAE1) and automated auditory brainstem response (AABR)** – if a clear response is obtained in both ears the baby is discharged* from the screening programme. Otherwise the baby is referred to audiology for assessment.

Diagnostic test/s performed on babies referred to Audiology:

- oto-acoustic emission (OAE) and threshold auditory brainstem response (ABR)

*When bilateral CRs are obtained (or satisfactory hearing is demonstrated at Audiological Assessment) babies with the following risk factors are offered further assessment at 7-9 months because they have an increased risk of developing acquiring a hearing loss:

- Congenital infection
- Cranio facial abnormality
- Syndrome associated with a hearing loss
- NICU protocol baby with bilateral NCR AOAE and bilateral CRs AABR
Newborn Hearing Screening

Eligible for screening?

Yes

NICU/SCBU screening protocol offered:

AOAE and AABR

CR AABR No risk factor
- Discharged

CR AABR with risk factor
- Targeted follow-up

NCR AABR

Refer for early Audiological assessment e.g. diagnostic ABR

Well baby screening protocol offered:

Up to 3 stages:
AOAE1
AOAE2
AABR

Bilateral CR No risk factors
- Discharged

Bilateral CR Risk factors
- Targeted follow-up

NCR AABR

Refer for early Audiological assessment e.g. diagnostic ABR

No e.g. Bacterial Meningitis

Refer for early Audiological assessment e.g. diagnostic ABR

Key:

- Included in MPP
- Not included in MPP

AOAE = automated oto-acoustic emission
AABR = automated auditory brainstem response
CR = Clear Response
NCR = No Clear Response (Bilateral or Unilateral)
Risk Factors: i.e. Congenital infection, CFA, Syndrome associated with HL, NICU baby with bilateral NCR AOAE and bilateral CRs AABR
NHS Newborn Blood Spot Screening Programme

Newborn blood spot screening is offered to all newborn babies up to one year of age.

The conditions screened:

- sickle cell disease (SCD)
- cystic fibrosis (CF)*
- congenital hypothyroidism (CHT)
- phenylketonuria (PKU)
- medium-chain acyl-CoA dehydrogenase deficiency (MCADD)
- maple syrup urine disease (MSUD)
- glutaric aciduria type 1 (GA1)
- isovaleric acidaemia (IVA)
- homocystinuria (HCU)

*CF can only be screened up to 8 weeks of age

Taking the sample and timely sending to the screening laboratory is part of the postnatal pathway

- Tests are performed by specialist newborn screening laboratories, 13 in England, paid for by NHS England and public health section 7a.
- Confirmatory testing (Reference laboratory diagnostic testing of positive samples) : paid for by NHS England Specialised Commissioning budget
- First referral to clinician registered in the designated clinical network (e.g. first appointment in the Specialist Haemoglobinopathy clinic) paid for by NHS England Specialised Commissioning budget
- DNA testing for transfused babies to be paid by NHS England Specialised Commissioning budget
Newborn Blood Spot Screening

Sample taken → Sample sent to laboratory

- Repeat request
- Quality check at laboratory
- Confirmatory tests required

Results reported

- Screen positive referred to specialist team
- All results to child health records department

Key:
- Included in MPP
- Not included in MPP

All results to child health records department